DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE PINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193		
	1. TRANSMITTAL NUMBER:	2. STATE:		
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 0 - 0 1 4	Arkansas		
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITE SECURITY ACT (MEDICAID)	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE February 1, 2001			
5. TYPE OF PLAN MATERIAL (Check One):				
□ NEW STATE PLAN □ AMENDMENT TO BE CO	ONSIDERED AS NEW PLAN	MENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	ENDMENT (Separate Transmittal for each am	endment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	7,249.01		
TWWIIA of 1999, Section 201	b. FFY 2002 \$ 330	13.43.43 382,438.0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSI OR ATTACHMENT (If Applicable):	EDED PLAN SECTION		
Please see attached listing	Please see attached	listing		
10. SUBJECT OF AMENDMENT:				
The Arkansas Title XIX State Plan has been am needy Medicaid eligibility group called "Basi	ended to add a new optional ca c Coverage Group".	tegorically		
11. GOVERNOR'S REVIEW (Check One):				
IXI GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED:			
12. SIGNATURE OF STATE NOEN OF OFFICIAL:	16. RETURN TO:			
13. TYPED NAME: Ray Hanley	Division of Medical : P. O. Box 1437 Little Rock, AR 723			
14. TITLE: Director, Division of Medical Services	Attention: Binnie Alberius			
15. DATE SUBMITTED: October 26, 2000	Slot 110	3		
	FFICE USE ONLY	Andrew Commence		
17. DATE RECEIVED:	18. DATE APPROVED: January 25, 2001			
PI AN APPROVED 19. EFFECTIVE DATE OF APPROVED MATERIAL: February 1, 2001	ONE COPY ATTACHED 20. SIGNATURE OF REGIONAL OFFICIAL LILIA			
21. TYPED NAME: Calvin G. Cline	22. TITLE: Associate Regional Division of Medicaid and S			
23. REMARKS: *Pen and Ink Change to Block 7. p	an charata was all de at a fact			

ATTACHED LISTING FOR ARKANSAS STATE PLAN TRANSMITTAL #00-014

8. Number of the Plan Section or Attachment

Attachment 2.2-A, Page 23d

Attachment 2.6-A, Pages 12c 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o, 12p, 12p-1 and 12p-2 (16 pages)

Supplement 8a to Attachment 2.6-A, Page 1

Lagrangian Supplement 8b to Attachment 2.6-A Page 2

9. Number of the Superseded Plan Section or Attachment

None, New Page

None, New Pages

Supplement 8a to Attachment 2.6-A, Page 1 Approved 12-30-91, TN 91-56

None, New Page



Revision:

ATTACHMENT 2.2-A PAGE 23d

	OMB NO.:	
State/Territory:	Arkansas	

Citation Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10)(A) (ii)(XIII) of the Act [] 23.

BBA Work Incentives Eligibility Group - Individuals with a disability whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A

1902(a)(10)(A) (ii)(XV) of the Act [X] 24

TWWIIA Basic Insurance Group - Individuals with a disability at least 16 but less than 65 years of age whose income and resources do not exceed a standard established by the State. See page 12d of Attachment 2.6-A.

1902(a)(10)(A) (ii)(XVI) of the Act [] 25.

TWWIIA Medical Improvement Group Employed individuals at least 16 but less than 65 years of age with a medically improved disability whose income and resources do not exceed a standard established by the State. See page12h of Attachment 2.6-A.

NOTE: If the State elects to cover this group, it MUST also cover the Basic Insurance Group described in no. 21 above.

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TN No. 00-14

Supersedes

Approval Date 01-25-01

Effective Date 02-01-01

TN No.

SUPERSEDES: NONE - NEW PAGE

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ATTACHMENT 2.6-A Page 12c

		OMB No.: State/Territory: <u>Arkansas</u>	
Citation		Condition or Requirement	
1902(a)(10)(A) (ii)(XIII) of the Act	(i)	Working Individuals with Disabilities –	
		In determining countable income and information for working individuals with disabilities BBA, the following methodologies are	under the
		The methodologies of the SSI pr	ogram.
		The agency uses methodologies treatment of income and resource restrictive than the SSI programmers restrictive methodologies and described in Supplement 4 (income and/or Supplement 5 (resources Attachment 2.6-A.	ces more . These are ome)
		The agency uses more liberal inc and/or resource methodologies to SSI program. More liberal metho are described in Supplement 8a Attachment 2.6-A. More liberal re methodologies are described in Supplement 8b to Attachment 2.	than the odologies to esource

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TN No. 00-14

Supersedes Approval Date 01-25-01 Effective Date 02-01-01

Revision:

ATTACHMENT 2.6-A Page 12d OMB No.:

St	ate/Territory: <u>Arkansas</u>
Co	ondition or Requirement
(ii)	Working Individuals with Disabilities - Basic Insurance Group - TWWIIA
	In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied:
	The agency does not apply any income or resource standard.
	NOTE: If the above option is chosen, no further eligibility-related options should be elected.
	X The agency applies the following income and/or resource standard(s):
	 The individual must have net personal income less than 250% of the poverty level for his/her family size.
	 Countable resources are determined by family size: 1 (Individual only) \$4000 2 \$6000 3 \$6200 4 \$6400 , Add \$200 for each additional member.
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ATTACHMENT 2.6-A

	Page 12e OMB No.:
	State/Territory: <u>Arkansas</u>
Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)	In determining whether an individual meets the income standard described above, the agency uses the following methodologies. Regardless of methodology, all earned income is disregarded in determining eligibility under this group.
	The income methodologies of the SSI program. The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.
	X The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.

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ATTACHMENT 2.6-A Page 12f OMB No.:

State/Territor	ν:	Arkansas	

Citation

Condition or Requirement

1902(a)(10)(A) (ii)(XV) of the Act (cont.) Resource Methodologies

In determining whether the individual meets the resource standard described above, the agency uses the following methodologies.

Unless one of the following items is checked the agency, under the authority of section 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to Attachment 2.6-.A

The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans.

The agency disregards funds in retirement accounts in a manner other than those described above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A.

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ATTACHMENT 2.6-A

TCVISION.	Page 12g OMB No.: State/Territory: Arkansas
·Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)	The agency does not disregard funds in retirement accounts. X The agency uses resource methodologies in addition to any indicated above that are more liberal
	than those used by the SSI*program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.
	The agency uses the resource methodologies of the SSI program.
	The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.

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Revision:		ATTACHMENT 2.6-A Page 12h OMB No.:
	State/	Territory: <u>Arkansas</u>
Citation	Condit	ion or Requirement
1902(a)(10)(A) - (ii)(XVI) of the Act	(iii)	Working Individuals with Disabilities Employed Medically Improved Individuals - TWWIIA In determining financial eligibility for employed medically improved individuals under this provision, the following standards and methodologies are applied: The agency does not apply any income or resource standard. NOTE: If the above option is chosen, no further eligibility-related options should be elected. The agency applies the following income and/or resource standard(s):

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STATE ARKANSAS	
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Approval Date 01-25-01 Effective Date 02-01-01

TN No.

Revision:	State/Territory:	ATTACHMENT 2.6-A Page 12i OMB No.: Arkansas
Citation	Condition or Red	quirement
1902(a)(10)(A) (ii)(XVI) of the Act (cont.)	In determining income state uses the formethodology in determining. The improgram The attreatment restricts more	agency uses methodologies for ment of income that are more ctive than the SSI program. These restrictive methodologies are ribed in Supplement 4 to Attachment

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The agency uses more liberal income methodologies than the SSI program. More liberal methodologies are described in Supplement 8a to Attachment 2.6-A.

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Revision:	ATTACHMENT 2.6-A Page 12j OMB No.: State/Territory: <u>Arkansas</u>		
Citation	Condition or Requirement		
1902(a)(10)(A) (ii)(XVI) of the Act (cont.)	Resource Methodologies In determining whether the individual meets the resource standard described above, the agency uses the following methodologies.		
	Unless one of the following items is checked the agency, under the authority of section 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to Attachment 2.6- A.		
	The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans.		
	The agency disregards funds in retirement accounts in a manner other than those listed above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A.		

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ATTACHMENT 2.6-A Page 12k OMB No.:

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State/Territory: <u>Arkansas</u>	

	State/Territory: <u>Arkansas</u>
Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XVI) of the Act (cont.)	The agency does not disregard funds in retirement accounts.
29 . .	The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.
	The agency uses the resource methodologies of the SSI program.
	The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.

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Approval Date 01-25-01 Effective Date 02-01-01

TN No.

SUPERSEDES: NONE - NEW PAGE

Revision:	ATTACHMENT 2.6-A Page 12I OMB No.:		
	State/Territory: Arkansas		
Citation	Condition or Requirement		
1902(a)(10)(A) (ii)(XVI) and 1905(v)(2) of the Act	Definition of Employed - Employed Medically Improved Individuals - TWWIIA		
of the Act	The agency uses the statutory definition of "employed", i.e., earning at least the minimum wage, and working at least 40 hours per month.		
	The agency uses an alternative definition of "employed" that provides for substantial and reasonable threshold criteria for hours of work, wages, or other measures. The agency's threshold criteria are described below:		

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SUPERSEDES: NONE - NEW PAGE

Revision:	ATTACHMENT 2.6-A Page 12m OMB No.:		
	State/Territory: Arkansas		
Citation	Condition or Requirement		
1902(a)(10)(A)(ii)(XIII),	Payment of Premiums or Other Cost Sharing Charges		

1902(a)(10)(A)(ii)(XIII), (XV), (XVI), and 1916(g) of the Act

For individuals eligible under the BBA eligibility group described in No. 23 on page 23d of Attachment 2.2-A:

The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied, are described below:

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ATTACHMENT 2.6-A Page 12n OMB No.:

State/Territory:	<u>Arkansas</u>			
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Citation

Condition or Requirement

1902(a)(10)(A)(ii)(XIII), (XV), (XVI), and 1916(g) of the Act (cont.) For individuals eligible under the Basic Insurance Group described in No. 24 on page 23d of Attachment 2.2-A:

NOTE: Regardless of the option selected below, the agency MUST require that individuals whose annual adjusted gross income, as defined under IRS statute, exceeds \$75,000 pay 100 percent of premiums.

X The agency requires individuals to pay premiums or other cost-sharing charges on a sliding scale based on income. For individuals with net annual income below 450 percent of the Federal poverty level for a family of the size involved, the amount of premiums cannot exceed 7.5 percent of the individual's income.

The premiums or other cost-sharing charges, and how they are applied, are described on page 12p.

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ATTACHMENT 2.6-A Page 12o OMR No .

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State/Territory: _ Arkansas	

Citation

Condition or Requirement

1902(a)(10)(A)(ii)(XIII), (XV), (XVI), and 1916(g) of the Act (cont.)

Payment of Premiums or Other Cost Sharing Charges

For individuals eligible under the Medical Improvement Group described in No. 25 on page 23d of Attachment 2.2-A:

NOTE: Regardless of the option selected below, the agency MUST require that individuals whose annual adjusted gross income, as defined under IRS statute, exceeds \$75,000 pay 100 percent of premiums.

The agency requires individuals to pay premiums or other cost-sharing charges on a sliding scale based on income. For individuals with net annual income below 450 percent of the Federal poverty level for a family of the size involved, the amount of premiums cannot exceed 7.5 percent of the individual's income.

The premiums or other cost-sharing charges, and how they are applied, are described on page 12p.

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ATTACHMENT 2.6-A Page 12p OMB No.:

State/Territory:	Arkansas
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Citation

Condition or Requirement

Sections 1902(a)(10)(A) (ii)(XV), (XVI), and 1916(g) of the Act (cont.) Premiums and Other Cost-Sharing Charges

For the Basic Insurance Group and/or the Medical Improvement Group, the agency's premium or other cost-sharing charges, and how they are applied, are described below.

The premium for this program is assessed at zero.

Regular Medicaid cost sharing (pharmacy and impatient hospital) applies for eligibles whose gross income is below 100% of the Federal Poverty Level (FPL).

There will be a co-payment, as listed in the chart on pages 12p-1 and 12p-2, for Medicaid-covered services for eligibles whose gross income is equal to or greater than 100% of the FPL.

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There will be a co-payment for Medicaid-covered services, as listed below, for WD eligibles, whose gross income is equal to or greater than 100% of the Federal Poverty Level.

PROGRAM SERVICES	"New" COPAYMENT
Ambulance	\$10 per trip
Ambulatory Surgical Center	\$10 per visit
Audiological Services	\$10 per visit
Augmentative Communication Devices	10% of the Medicaid
	maximum allowable amount
Child Health Management Services (not covered for age 21 and over)	\$10 per day•
Chiropractor	\$10 per visit
Dental (very limited benefits for individuals age 21 and	\$10 per visit (no co-pay on
over)	EPSDT dental screens)
Developmental Disability Treatment Center Services	\$10 per day
Diapers, Underpads and Incontinence Supplies	None
Domiciliary Care	None
Durable Medical Equipment (DME)	20% of Medicaid maximum
	allowable amount per DME
	item
Emergency Department Services: Emergency Services	\$10 per visit
Non-emergency	\$10 per visit
End Stage Renal Disease Services	None
Early and Periodic Screening, Diagnosis and Treatment	None
(EPSDT) (not available for individuals over age 21)	
Eyeglasses	None
Family Planning Services	None
Federally Qualified Health Center (FQHC)	\$10 per visit
Hearing Aids (not covered for individuals age 21 and	10% of Medicaid maximum
over)	allowable amount
Home Health Services	\$10 per visit
Hospice	None
Hospital: Inpatient	25% of 1 st inpatient day
	(Medicaid per diem)
Outpatient	\$10 per visit
Hyperalimentation	10% of Medicaid maximum
	allowable amount
Immunizations	None
Laboratory and X-Ray	\$10 per visit
Medical Supplies STATE ARKANSAS	None
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02-01-01 00-14	SUPERSEDES: NONE
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SUPPLEMENT 8b to ATTACHMENT 2.6-A

Page 2

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

		,	
State:		ARKANSAS	
1010112		F TREATING RESOURCES 2 (r) (2) OF THE ACT	
[] Section	1902 (f) State	[X] Non-Section 1902 (f) State	

For Working Individuals with Disabilities - Basic Insurance Group -TWWIIA:

- A second vehicle can be disregarded if used by the spouse to maintain employment.
- All retirement accounts, both private and employer sponsored, will be disregarded as a resource.

An approved account of up to \$10,000 can be disregarded if it is designated to save for any expense that will enhance independence or increase employment opportunities.

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SUPPLEMENT 8b to ATTACHMENT 2.6-A

Page 2

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	AR	KANSAS	
		REATING RESOURCES (2) OF THE ACT	
Section 1902 (f) State	[X] Non-Section 1902 (f) State	

For Working Individuals with Disabilities - Basic Insurance Group -TWWIIA:

- A second vehicle can be disregarded if used by the spouse to maintain employment.
- All retirement accounts, both private and employer sponsored, will be disregarded as a resource.

An approved account of up to \$10,000 can be disregarded if it is designated to save for any expense that will enhance independence or increase employment opportunities.

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TN No. 00-14

Supersedes

Approval Date 01-25-01

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Revision:

SUPPLEMENT 8a to ATTACHMENT 2.6-A

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	ARKANSAS	
MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902 (r) (2) OF THE ACT*		
[_] Section 1902 (f) State	[X] Non-Section 1902 (f) State	

For Working Individuals with Disabilities - Basic Insurance Group-TWWIIA: Only the income of the disabled individual will be used to determine eligibility. There will be no deeming of spousal income.

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*More liberal methods may not result in exceeding gross income limitations under section 1903 (f).

TN No. 00-14 Supersedes TN No. 91-56

Mental Health Services Inpatient Psychiatric Services for Under Age 21 25% of 1st day's Medicaid per diem S10 per visit S10 per visi	PROGRAM SERVICES	"New" CO-PAYMENT
Outpatient Mental and Behavioral Health Nurse Services: Certified Nurse Midwife Nurse Practitioner Private Duty Nursing Orthodontia (not covered for individuals age 21 and over) Orthotic Appliances Personal Care Physician Podiatry Prescription Drugs Prescription Drugs Rehabilitation Services for Persons with Physical Disabilities (RSPD) Rural Health Clinic Targeted Case Management Therapy (age 21 and over have very limited coverage) Occupational Physical Speech Transportation (non-emergency) Ventilator Services Value	Mental Health Services	
Outpatient Mental and Behavioral Health Nurse Services: Certified Nurse Midwife Nurse Practitioner Private Duty Nursing Orthodontia (not covered for individuals age 21 and over) Orthotic Appliances Personal Care Physician Podiatry Prescription Drugs Prescription Drugs Prosthetic Devices Rehabilitation Services for Persons with Physical Disabilities (RSPD) Rural Health Clinic Targeted Case Management Therapy (age 21 and over have very limited coverage) Occupational Physical Speech Transportation (non-emergency) Ventilator Services Visit S10 per visit	Inpatient Psychiatric Services for Under Age 21	1
Nurse Services: Certified Nurse Midwife Nurse Practitioner Private Duty Nursing Orthodontia (not covered for individuals age 21 and over) Orthotic Appliances In 0% of Medicaid maximum allowable amount None Physician Prescription Drugs S10 per visit Prescription Drugs S10 for generic drugs; \$15 for brand name Prosthetic Devices In 0% of Medicaid maximum allowable amount Rehabilitation Services for Persons with Physical Disabilities (RSPD) Rural Health Clinic Targeted Case Management In 0% of Medicaid maximum allowable rate per unit Therapy (age 21 and over have very limited coverage) Occupational Physical Speech S10 per visit	Outpatient Mental and Behavioral Health	1 -
Nurse Practitioner Private Duty Nursing Orthodontia (not covered for individuals age 21 and over) Orthotic Appliances Orthotic Appliances Orthotic Appliances Orthotic Appliances Orthotic Appliances I 10% of Medicaid maximum allowable amount None Physician Podiatry Prescription Drugs S10 per visit S10 per visit Prescription Drugs S10 for generic drugs; \$15 for brand name Prosthetic Devices I 10% of Medicaid maximum allowable amount Rehabilitation Services for Persons with Physical Disabilities (RSPD) Rural Health Clinic Targeted Case Management Therapy (age 21 and over have very limited coverage) Occupational Physical Speech S10 per visit		
Private Duty Nursing Orthodontia (not covered for individuals age 21 and over) Orthotic Appliances Orthotic Medicaid maximum allowable amount Orthotic Previsit Orthotic Previsit Orthotic Appliances Orthotic Appliances Orthotic Appliances Orthotic Medicaid maximum allowable amount Orthotic Previsit Prescription Orthotic Appliances Orthotic Appliances Orthotic Medicaid maximum allowable amount Orthotic Previsit Prescription Orthotic Appliances		
Orthodontia (not covered for individuals age 21 and over) Orthotic Appliances Orthotic Mone Orthotic Appliances Orthotic A		1 -
Orthotic Appliances Personal Care Physician Podiatry Prescription Drugs Prosthetic Devices Prosthetic Devices Prosthetic (RSPD) Rural Health Clinic Targeted Case Management Therapy (age 21 and over have very limited coverage) Occupational Physical Physical Speech Transportation (non-emergency) Ventilator Services 10% of Medicaid maximum allowable amount 25% of 1st day's Medicaid in-patient per diem 10% of Medicaid maximum allowable amount 25% of 1st day's Medicaid in-patient per diem 10% of Medicaid maximum allowable rate per unit		
Personal Care Physician Podiatry Prescription Drugs Prosthetic Devices Prosthetic Devices Physician Prosthetic Devices Prosthetic Devicet Prosthetic Devices Prosthetic Devicet Prosthetic Devices Prosthetic Devicet Prosthet	·	10% of Medicaid maximum
Physician Podiatry S10 per visit Prescription Drugs S10 for generic drugs; \$15 for brand name Prosthetic Devices 10% of Medicaid maximum allowable amount Rehabilitation Services for Persons with Physical Disabilities (RSPD) Care the per diem Rural Health Clinic Targeted Case Management Therapy (age 21 and over have very limited coverage) Occupational Physical Physical S10 per visit	11	allowable amount
Podiatry Prescription Drugs \$10 per visit \$10 for generic drugs; \$15 for brand name Prosthetic Devices 10% of Medicaid maximum allowable amount Rehabilitation Services for Persons with Physical Disabilities (RSPD) Rural Health Clinic Targeted Case Management Therapy (age 21 and over have very limited coverage) Occupational Physical Physical Speech Transportation (non-emergency) Ventilator Services \$10 per visit	Personal Care	None
Podiatry Prescription Drugs \$10 per visit \$10 for generic drugs; \$15 for brand name Prosthetic Devices 10% of Medicaid maximum allowable amount Rehabilitation Services for Persons with Physical Disabilities (RSPD) Rural Health Clinic Targeted Case Management 10% of Medicaid in-patient per diem \$10 per visit 10% of Medicaid maximum allowable rate per unit Therapy (age 21 and over have very limited coverage) Occupational Physical Physical Speech \$10 per visit	Physician	\$10 per visit
Prosthetic Devices 10% of Medicaid maximum allowable amount Rehabilitation Services for Persons with Physical Disabilities (RSPD) Rural Health Clinic Targeted Case Management Therapy (age 21 and over have very limited coverage) Occupational Physical Physical Speech Transportation (non-emergency) Ventilator Services 10% of Medicaid maximum allowable rate per unit \$10 per visit	Podiatry	
Prosthetic Devices 10% of Medicaid maximum allowable amount Rehabilitation Services for Persons with Physical Disabilities (RSPD) Rural Health Clinic Targeted Case Management Therapy (age 21 and over have very limited coverage) Occupational Physical Physical Speech Transportation (non-emergency) Ventilator Services 10% of Medicaid maximum allowable rate per unit \$10 per visit	Prescription Drugs	\$10 for generic drugs;
Rehabilitation Services for Persons with Physical Disabilities (RSPD) Rural Health Clinic Targeted Case Management Therapy (age 21 and over have very limited coverage) Occupational Physical Speech Transportation (non-emergency) Ventilator Services Allowable amount 25% of 1 st day's Medicaid in-patient per diem \$10 per visit		\$15 for brand name
Rehabilitation Services for Persons with Physical Disabilities (RSPD) Rural Health Clinic Targeted Case Management Therapy (age 21 and over have very limited coverage) Occupational Physical Speech Transportation (non-emergency) Ventilator Services 25% of 1 st day's Medicaid in-patient per diem 10% of Medicaid maximum allowable rate per unit 10% of per visit 10 per visit	Prosthetic Devices	
Disabilities (RSPD) Rural Health Clinic Targeted Case Management Therapy (age 21 and over have very limited coverage) Occupational Physical Speech Transportation (non-emergency) Ventilator Services in-patient per diem \$10 per visit \$10 w of Medicaid maximum allowable rate per unit \$10 per visit		
Rural Health Clinic Targeted Case Management Therapy (age 21 and over have very limited coverage) Occupational Physical Speech Transportation (non-emergency) Ventilator Services \$10 per visit	Rehabilitation Services for Persons with Physical	25% of 1 st day's Medicaid
Targeted Case Management 10% of Medicaid maximum allowable rate per unit Therapy (age 21 and over have very limited coverage) Occupational Physical Speech S10 per visit S10 per visit S10 per visit S10 per visit None Ventilator Services None	Disabilities (RSPD)	in-patient per diem
Therapy (age 21 and over have very limited coverage) Occupational Physical Speech S10 per visit Speech \$10 per visit \$10 per visit \$10 per visit None Ventilator Services None	Rural Health Clinic	
Therapy (age 21 and over have very limited coverage) Occupational \$10 per visit Physical \$10 per visit Speech \$10 per visit Transportation (non-emergency) None Ventilator Services None	Targeted Case Management	10% of Medicaid maximum
Occupational \$10 per visit Physical \$10 per visit Speech \$10 per visit Transportation (non-emergency) None Ventilator Services None		allowable rate per unit
Physical \$10 per visit Speech \$10 per visit Transportation (non-emergency) None Ventilator Services None	Therapy (age 21 and over have very limited coverage)	
Speech\$10 per visitTransportation (non-emergency)NoneVentilator ServicesNone	Occupational	\$10 per visit
Transportation (non-emergency) Ventilator Services None	Physical	
Ventilator Services None	•	\$10 per visit
		None
Vision Care \$10 per visit	Ventilator Services	None
The part time	Vision Care	\$10 per visit

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SUPERSEDES: NONE - NEW PAGE